COLORADO
Department of Health Care Policy & Financing

MINUTES FOR THE ACC Program Improvement Provider & Community Issues Sub-committee

Colorado Department of Public Health and Environment
4300 Cherry Creek South Drive, Rachel Carson Conference Room

May 21st, 2015

1. Introductions

A. In-person Attendees

Todd Lessley (Salud), Anita Rich (CCHAP), Elizabeth Forbes, Matthew Lanphier (HCPF), Kevin Dunlevy-Wilson (HCPF), Casey King (KP), Jessica Provost (ICHP), Meredith Henry (CDPHE), Megan Deslisle (HCPF), Marceil Case (HCPF), Josie Dostie (CCHA), Heather Brozek (CCHA), Barb Martin (CDPHE), Marija Weeden-Osborn (CCHN), Erin Miller (HCPF)

B. Phone Attendees

Barb Young (Aspen Pointe), Fran Brian, Brooke Powers (ClinicNet), Colleen Casper (CAN), Gina Robinson (HCPF), Mindy Klowden (JCMH), Jen Dunn (CRHC), Heather Logan (MCPN), Molly Markert (COA), Kristen Trianor (CCHA), Kelley Vivian (CCCC), Leslie Reeder (RMHP), Donald Moore (PCHC), Brenda Von Star, Gail Finley (CHA)

2. Announcements

There were no announcements this month.

3. Approval of Minutes

Minutes were approved.

4. Consumer Input/ Client Experience

There were no updates regarding consumer input this month.

5. Workgroup Reports (Map)

The maps workgroup met on the 6th to address the RFP question about the RCCO maps. We formulated principles to be considered before any map decisions should

be made, and we presented those principles to PIAC on the 15th. The following day we presented the principles to P&CI. On the 22nd, the Department published the ACC policy decisions, which included some of the map issues we worked on. We therefore didn't present to PIAC in the form of a recommendation, but the Department indicated yesterday that our suggestions will be used to inform the remaining decisions on the map such as Larimer and Elbert County.

6. Workgroup Reports (NEMT)

The workgroup met again yesterday (5/20), and we are continuing to work through some of the issues that providers are having. We submitted our recommendations to PIAC yesterday (5/20), and PIAC asked for the recommendations in writing, which we will submit next month. There is one addition to the recommendations; consumers and providers don't have the ability to get a response from Total Transit regarding an immediate need, and we would like to have some contact at the vendor level that we can communicate with if there is an immediate issue. We also want some form of feedback mechanism to ensure that the issues have been addressed. We want to work with the vendor, hold them accountable, have realistic expectations, and make sure that we are all on the same page.

Molly: It shouldn't just be a phone number to call, but that there is a resolution. That's the important part of the recommendation. We also covered the FAQ handouts.

Marceil: We are not talking about urgent trips, but for trips that were already scheduled, correct?

Todd: Correct, we are also working on FAQ documents.

Matt: We will be preparing NEMT FAQ documents for distribution. One will be provider facing, and one will be client facing.

Molly: One thing Amara brought up yesterday was the car seat issue, and that clients have to supply their own car seats, so keep those kind of questions in mind when thinking about the FAQ,

Todd: We will present our recommendations formally to the PIAC. We are working on the FAQ documents which we will submit to the group for the review. We are also going to meet with the Total Transit contract manager and TT general manager to make sure we are all on the same page.

7. PIAC Update

Our charter was unanimously approved by PIAC yesterday (5/20). The other sub-committee issue was the payment reform sub-committee. The issue came up with

respect to the recent ACC model details and policy decisions document. Payment reform is an important component of the future of the ACC. We want to make sure payment reform is being addressed in all aspects and at all sub-committee levels, so we discussed the important of payment reform and the possibility of discontinuing the payment reform sub-committee and giving the issues to PIAC or pulling out issues and talking about them at the sub-committee level. We want to make sure it's being addressed at multiple levels. We will continue to discuss that and keep you all up to speed.

Mindy: Did they talk about how the SIM payment reform sub-committee relates to the ACC payment reform efforts and how they're looking at streamlining efforts across payers?

Todd: No. SIM didn't really come up.

Anita: The question was rather about whether or not to have a payment reform sub-committee and not particularly about the issues themselves.

Casey: One of the comments that was helpful was that if we're going to spread it out to the sub-committees we need to have some guard rails about what payment reform is. What can we suggest? It needs to be clearly defined. There was support for discussing it more, but having an understanding about what we're supposed to be discussing is still out there.

Mindy: If we are going to spread it out among the committees, I think we need to have subject matter experts on each sub-committee.

Todd: We can bring that back to the PIAC and discuss for next month. That's a great point.

Molly: Does the P&CI sub-committee have an opinion about how payment reform should be discussed?

Todd: We don't have clear direction if dispersing the issues is actually where we'll be going, but I think it's a good question.

Mindy: There's a potential for the issue to be diluted if we spread it across the sub-committee.

Casey: There's also a concern regarding efficiency. The payment reform group previously took on shared savings and proposed a lot of things that were ultimately shot down by CMS. We therefore need a better mechanism for keeping us on the same page.

Donald: In reading the policy decisions document, it says directly that ACC will continue to pay physical health through FFS and behavioral health through capitation. It also mentions a glide path toward better aligned payment models. My interpretation is that the Department is deferring decisions about payment reform until after they select the new RCCOs. I therefore wonder how much value there is in this group spending time on the issue if the Department is kicking the can down the road.

Kevin: Part of what the memo is getting at is that the structure the program will be starting with will not necessarily be the same that the program will end with – this is in keeping with the iterative structure of the program. I don't think the payment will look the same it does now when the new program starts. The parameters of how the payments work will not necessarily be the same, so I think there is value around continuing the discussion on payment reform.

Donald: The discussion would pretty much be focused on input around how the Department might write the RFP?

Kevin: It think it will inform how we write the RFP, and we will be making some announcements in the coming months on some of these issues. We'll have more specificity around what the broad payment structure looks like this summer.

Erin Miller: One of the big conversations was the micro vs. macro elements of payment reform. Macro is system level design, while micro is incentives, attribution, and things with attribution – things we can do within the current parameters of the program. Payment reform should work as a tool towards some delivery system aim. Micro issues therefore belong at the sub-committee level. Once we have some of the big guard rails and the big systems level decisions are made, we can look at forming an ad hoc committee around payment reform. It's hard to do it with a standing committee.

Todd: One other issue we discussed was the RFP. Back to the map discussion. For those of us with clients or practices in Elbert or Larimer County, there will be meetings to discuss those changes in mid-to-late June. One meeting will be in Elbert County, two in Larimer, and one in Weld County. We asked again with respect to that issue, "What format will the Department be using in making the map decisions." And the Department indicated that they will be using the principles formulated by this sub-committee.

The care coordination document sent out yesterday was given to us by PIAC. Does anybody have reactions to the document? And do we want to create a workgroup to look at this issue?

Mindy: The document isn't clear if the Department wants to have a uniform system of CC across BHOs and RCCOs and how those systems will come together. I think it's important to have BHO participation in any workgroup.

Erin: The document is vague because we are looking at a lot of guidance around this issue – a lot of feedback. Do people think there should be some sort of tiering? Do we think we should be prescriptive about targeting? What would those targeted groups be made up of?

Kevin: We had a similar conversation with PIAC last year. There are a lot of groups for which some think there should be care coordination requirements, but there was also a lot of input on the RFI which suggested that the Department shouldn't be too prescriptive and that perhaps we should have higher standards and targeted outcomes rather than being prescriptive about specific activities. We did include the text from the original RCCO contracts, for those who aren't familiar with what they are. We want to use this as a starting point to determine what can be added, and what is perhaps too prescriptive.

Casey: Does the Department have an idea about what best practices are that they would like to see? And what would those be?

Todd: Should we form a workgroup?

The sub-committee agreed to form a workgroup regarding Care Coordination.

8. Customer Contact Center Follow-up

Marceil: We had gone to the customer contact center and asked them what they could pull regarding calls on access to care. Obviously Medicaid clients don't necessarily call and ask about access to care, but the customer contact center puts complaints into buckets. We met with the customer contact center again and asked what additional information we could get. They agreed to work on two reports; one dedicated to member complaints about finding a Medicaid provider, and one about transportation regarding NEMT complaints. We'll be able to have some very basic demographic data. We're hoping to find the total number of complaints in each category as well as the number of unique client within that complaint count. We need to do some programming changes and some training for those pulling the reports, and we hope to have the reports implemented by the start of the fiscal year. We'll start collecting the data before, and implementing a quarterly report system starting in September. This will be a piece of the puzzle, but keep in mind that it will only represent the clients who are calling customer contact center and getting through and making the complaint and being tagged as being in one of these buckets.

9. EPSDT 416 Report

Gina Robinson: We ran the 416, and we stemmed the flow of the decline we were in. Last year we were at 64% of kids getting into care, and this year we were at 64% as well, which is great. We also found on the 416, that when you look at oral health and take out the services in the ABCD program, we've actually lost ground on oral health. It may be that clients may feel they don't need to go to a dentist or oral health specialist if the client is getting services through a physician. I think it's an unintended consequence of the services being provided in the medical office. We may need to message that patients need to be told that they still should see an oral health provider. We don't have enough data to request an exception from lead testing. We still don't have enough data on that. If you're working with providers who don't want to do that testing, we should ask them to continue for a year so that we have enough data to request that exception.

10. Recommendations

Molly suggested that the fax enrollment form process should be removed from the recommendations list, but should be looked at again in future meetings.

It was agreed that #8 – the CHP+ attribution methodology – should be reviewed in June.

It was agreed that recommendation #9 – regarding the selection of a PCMP at time of Medicaid enrollment – should remain on an inactive list and potentially reviewed at a future date.

Recommendation #12 was identified as a priority for future discussion given the fact that Medicaid no-show rates are extremely high.

It was agreed that the sub-committee should further discuss dismissal letter standardization – recommendation #14.

Molly suggested that we also continue to discuss specialist access.

Next meeting 6/18/15.

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